

# **ANNUAL STATEMENT**

# FOR THE YEAR ENDING DECEMBER 31, 2010 OF THE CONDITION AND AFFAIRS OF THE

OmniCare Health Plan, Inc.

	1137 rent Period)	, <u>1137</u> (Prior Period)	NAIC Company	Code 121	93 Employer	's ID Number _	20-1052897		
Organized under the Laws o	,	Michigan		, State of Domi	cile or Port of Entry		Michigan		
Country of Domicile		_		United States	,		-		
Licensed as business type:	Life, Accid	lent & Health [ ]	Property/Cas	sualty [ ]	Hospital, Medic	cal & Dental Ser	vice or Indemnity [ ]		
	•	rvice Corporation [ ]		ce Corporation [	•	ance Organizati	,		
	Other [ ]		Is HMO, Fe	ederally Qualified?	Yes[]No[X]	-			
Incorporated/Organized		04/22/2004	Co	ommenced Busine	255	10/01/20	04		
_				minerioca Basine			-		
Statutory Home Office		1333 Gratiot, S (Street and Nu		,		etroit, MI 48207 by, State and Zip Code			
Main Administrative Office				1333 Gratiot,	Ste 400				
ſ	Detroit, MI	48207		(Street and N		-1519			
	City, State and 2				(Area Code) (Tele				
Mail Address		333 Gratiot, Ste 400 reet and Number or P.O. Box)		.,		it, MI 48207 te and Zip Code)			
Primary Location of Books a	•	,		133	3 Gratiot, Ste 400				
	Detroit, MI	18207		(3	Street and Number)	1510			
	City, State and Z		,		(Area Code) (Telephone				
Internet Web Site Address			WW	w.omnicarehealth	plan.com				
Statutory Statement Contact	t	Kenyata J. Ro	ogers			13-465-1519	4		
KJ	IRogers@c				313-465		xtension)		
	(E-Mail Addı	ress)			(Fax Nur	nber)			
			OFFICI	FRS					
Name		Title	0		ame		Title		
Royarly Ann Allan		President and Chief Officer	Executive	Konyata la	miloa Pogore	Chiof F	Financial Officer		
Beverly Ann Allen John Joseph Ruhlma	nn ,	Corporate Controller	& Treasurer		milea Rogers equemore-Smith	·	Secretary		
			OTHER OF	FICERS					
Jonathan David Weinb	erg,	Assistant Secre	etary	Melinda L	. Tuozzo	Assista	ant Treasurer		
	,				,				
		DIRE	CTORS OR	TRUSTEE	S				
Beverly Ann Allen		Kenneth A. Burd		Tiawaun	a Lowe	owe Claudia Bjerre			
Ernestine Romero		William R. Roo							
Ctata of	Michigan								
State of	Ü	SS							
County of	Wayne								
The officers of this reporting en- above, all of the herein describe that this statement, together wi- liabilities and of the condition ar- and have been completed in acc may differ; or, (2) that state rule knowledge and belief, respectiv when required, that is an exact regulators in lieu of or in addition	ed assets we th related ex and affairs of the cordance with es or regulation ely. Furthern copy (excep	where the absolute property of chibits, schedules and exp the said reporting entity as no the NAIC Annual Stateme ons require differences in a nore, the scope of this atte of for formatting differences	f the said reporting lanations therein co of the reporting per ent Instructions and reporting not related station by the description	entity, free and clea ontained, annexed c riod stated above, an Accounting Practice I to accounting prac- ribed officers also in	r from any liens or cla or referred to, is a full and of its income and co is and <i>Procedures</i> ma tices and procedures, cludes the related cor	ims thereon, exce and true stateme deductions therefronual except to the according to the responding electron	pt as herein stated, and ant of all the assets and for the period ended, extent that: (1) state law best of their information, onic filling with the NAIC,		
Beverly An		Officer	Kenyata Jamil Chief Financi		Co	John Joseph F rporate Controlle			
Subscribed and sworn to b		nis ,			. Is this an original . If no: 1. State the amenda. Date filed	-	Yes [ X ] No [ ]		
Rochelle D. Jenkins Notary December 25, 2011	Public				Number of page	es attached	0		

# **EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals						
Group subscribers:						
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	†				1	
	NONE	<u> </u>				
	INUINE					
					ļ	
0299997 Group subscriber subtotal	<b>0</b>	J0	0	0	ļ0	0
0299998 Premiums due and unpaid not individually listed	ļ	ļ			ļ	
0299999 Total group 0399999 Premiums due and unpaid from Medicare entities	<del> </del> 0	J0	0	J0	ļ0	0
039999 Premiums due and unpaid from Medicare entities	ł	ł	-		-	
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	0	0	1 0	0	0	0

# **EXHIBIT 3 - HEALTH CARE RECEIVABLES**

EXITIBIT			NDLLO			
1 Name of Debtor	2 1 - 30 Days 217,934	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0299998 - Aggregate of amounts not individually listed above.	217.934	1			217,934	
0299999 - Totals - Claim Overpayment Receivables	217,934	0	0	0	217,934	0
0299999 - Totals - Claim Overpayment Receivables 0399998 - Aggregate of amounts not individually listed above. 0399999 - Totals - Loans and Advances to Providers	1,439		•		1,439	
0399999 - Totals - Loans and Advances to Providers	1,439	0	0	0	1,439	0
Other Receivables	.,				.,	
State of Michigan.	604,061			1,051,891		1,766,016
Octoo or military mil		,000		1,001,001		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
0699999 - Totals - Other Receivables	604,061	57,868	52,197	1,051,891	0	1,766,016
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0799999 Gross health care receivables	823,434	57,868	52,197	1,051,891	219,373	1,766,016

# **EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

	Aging Analysis of Unpaid C	laims				
1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
	1 00 2030	or co baye	01 00 20,0	01 120 Buye	3701 120 Bayo	1000
Claims Unpaid (Reported) MedCo	416,395					416,395
						(
						***************************************
0400000 ladicidually listed eleigne yearid		0	0			416 , 395
0199999 Individually listed claims unpaid	410,333				······································	410 , 380
0399999 Aggregate accounts not individually listed-covered	3,456,408	1,046,245	958,814	450,301	100,886	6,012,654
0499999 Subtotals	3,872,803	1,046,245	958,814	450,301	100,886	6,429,049
0599999 Unreported claims and other claim reserves	] 3,072,003	1,040,240	930,014	450,501	100,000	11,559,027
						11,009,027
0699999 Total amounts withheld						17 000 076
0799999 Total claims unpaid						17,988,076
0899999 Accrued medical incentive pool and bonus amounts						1,170,840

# **EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES**

1	2	3	4	5	6	Adm	itted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
		NIONIE					
		NONE					
0199999 Individually listed receivables	0	0	l0	0	L0	0	0
0199999 Individually listed receivables							
0399999 Total gross amounts receivable	0	0	0	0	0	0	0

# **EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

4	2	3	4	-
1	<u> </u>	•	4 .	5
Affiliate	Description	Amount	Current	Non-Current
oventry Health Care, Inc	Administrative Expenses	142,263	142,263	
	·			
			l	
199999 Individually listed payables		142,263	142,263	0
199999 Individually listed payables			' I	
399999 Total gross payables		142,263	142,263	0

# **EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS**

	1 Direct Medical Expense	2 Column 1 as a % of	3 Total Members	4 Column 3 as a % of	5 Column 1 Expenses Paid to	6 Column 1 Expenses Paid to
Payment Method	Payment	Total Payments	Covered	Total Members	Affiliated Providers	Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	46,899,013	30.0	50,923	100.0		46 , 899 , 013
2. Intermediaries	4,096,792	2.6		0.0		4,096,792
3. All other providers	1,246,744	8.0		0.0		1,246,744
4. Total capitation payments	52,242,549		50,923	100.0	0	52,242,549
Other Payments:						
5. Fee-for-service	18,540,393	11.8	xxx	XXX		18,540,393
6. Contractual fee payments		53.9	XXX	XXX		84,342,992
7. Bonus/withhold arrangements - fee-for-service	0	0.0	Lxxx	XXX	1	
Bonus/withhold arrangements - contractual fee payments	1,400,681	0.9	XXX	XXX	1	1,400,681
9. Non-contingent salaries	0	0.0	Lxxx	Lxxx	1	<u> </u>
10. Aggregate cost arrangements	0	0.0	L xxx	XXX	1	<u> </u>
11. All other payments	0	0.0	L xxx	XXX	1	<u> </u>
12. Total other payments	104,284,066	66.6	XXX	XXX	0	104,284,066
13. Total (Line 4 plus Line 12)	156,526,615	100 %	XXX	XXX	0	156,526,615

#### **EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

1 NAIC Code	2  Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
	Health Care Management Services	754,012	62,834		
	Medical Transportation Management	1,891,310	157 ,609		
	Health Care Management Services	1,451,471	120,956		
9999999 Totals		4,096,793	XXX	XXX	XXX

# **EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment	316,414		243,322	73,092	73,092	0
Medical furniture, equipment and fixtures						
Pharmaceuticals and surgical supplies						
Durable medical equipment						
5. Other property and equipment						
6. Total	316,414	0	243,322	73,092	73,092	0



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE OmniCare Health Plan, Inc.

# **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION OmniCare Health Plan, Inc.

IAIC Group Code 1137 BUSINESS IN THE STATE OF	Michigan			DURING THE YEAR	2010			(LOCATION)	AIC Company Code	12193
AIC Group Code 1137 BUSINESS IN THE STATE OF	Michigan	Compre							' '	
	1	(Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	Medicare V	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:										
1. Prior Year	53,912								53,912	
2 First Quarter	53,562								53,562	
3 Second Quarter	52,598						ļ		52,598	
4. Third Quarter	51,651								51,651	
5. Current Year	50,923								50,923	
6 Current Year Member Months	629,212								629,212	
Total Member Ambulatory Encounters for Year:										
7. Physician	428,014								428,014	
8. Non-Physician	81,272								81,272	
9. Total	509,286	0	0	0	0	0	0		509,286	
10. Hospital Patient Days Incurred	31,815								31,815	
11. Number of Inpatient Admissions	7,473								7,473	
12. Health Premiums Written (b)	188,695,459								188,695,459	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	188,695,459								188,695,459	
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	156,526,616								156,526,616	
18. Amount Incurred for Provision of Health Care Services	158,033,576								158,033,576	

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE OmniCare Health Plan, Inc.

# **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

AIC Group Code 1137 BUSINESS IN THE STATE OF	Connelidated			DURING THE YEAR 2	2010			(LOCATION)	AIC Company Code	12193
AIC GLOUP COUR 1131 BOSINESS IN THE STATE OF	Consolidated	Comprel	hensive							
	1	(Hospital 8	Medical)	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	53,912	0	0	0	0	0	0	0	53,912	
2 First Quarter	53,562	0	0	0	0	0	0	0	53,562	
3 Second Quarter	52,598	0	0	0	0	0	0	0	52,598	
4. Third Quarter	51,651	0	0	0	0	0	0	0	51,651	
5. Current Year	50,923	0	0	0	0	0	0	0	50,923	
6 Current Year Member Months	629,212	0	0	0	0	0	0	0	629,212	
Total Member Ambulatory Encounters for Year:										
7. Physician	428,014	0	0	0	0	0	0	0	428,014	
8. Non-Physician	81,272	0	0	0	0	0	0	0	81,272	
9. Total	509,286	0	0	0	0	0	0	0	509,286	
10. Hospital Patient Days Incurred	31,815	0	0	0	0	0	0	0	31,815	
11. Number of Inpatient Admissions	7,473	0	0	0	0	0	0	0	7,473	
12. Health Premiums Written (b)	188,695,459	0	0	0	0	0	0	0	188,695,459	
13. Life Premiums Direct		0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written		0	0	0	0	0	0	0	0	
15. Health Premiums Earned	188,695,459	0	0	0	0	0	0	0	188,695,459	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	156,526,616	0	0	0	0	0	0	0	156,526,616	
18. Amount Incurred for Provision of Health Care Services	158,033,576	0	0	0	0	0	0	0	158,033,576	

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_and number of persons insured under indemnity only products \_\_\_\_\_

#### ح

# **SCHEDULE S - PART 1 - SECTION 2**

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9 Paganya Liability	10	11	12
NAIC Company Code	Federal ID				Type of Reinsurance		Unearned	Reserve Liability Other Than For Unearned	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance	Funds Withheld
Code	Number	Effective Date	Name of Reinsured	Location	Assumed	Premiums	Premiums	Premiums	and Unpaid Losses	Reserve	Under Coinsurance
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02000007	Totala					^	^	^	^	^	(
0399999 7	l otals					0	0	0	0	0	

SCHEDULE S - PART 2
Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7
NAIC						
Company Code	Federal ID Number	Effective Date	Name of Company	Location	Paid Losses	Unpaid Losses
Life and Annuity	Affiliates		rame of company	Location	i i did Eddddd	Tonpaid Eddddd
		01/01/3000 .01/01/3000				
Life and Annuity	- Non-Affiliates	01/01/3000] S				
		01/01/3000				
Accident and Hea		01/01/3000				
81973	75 - 1296086	10/01/2004	Coventry Health & Life Insurance Company	Delaware, USA	492,982	
I.	I Accident and He	01/01/3000			492,982	0
Accident and Hea	Ith - Non-Affilia	ates			492,902	0
		01/01/3000 .01/01/3000				
	I - Accident and	01/01/3000] Health			492,982	0
					102,002	
	·····					
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	·····					
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0700000 T :	In 1 (En A )	A	1114-		400.000	
U799999 Tota	iis–Lite, Annuity	and Accident and	Health		492,982	0

# **SCHEDULE S - PART 3 - SECTION 2**

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	Outstanding	Surplus Relief	12	13
NAIC	-	Ĭ	•	ľ		'		Reserve Credit	10	11	Modified	
Company	Federal ID						Unearned Premiums	Taken Other than for			Coinsurance	Funds Withheld
Code	Number	Effective Date	Name of Company	Location	Туре	Premiums	(Estimated)	Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance
		count - Affiliates	8	0.1	001/1/4	1 055 000	1			1		1
81973	75-1296086	10/01/2004	Coventry Health & Life Insurance Company	Delaware, USA	SSL/1/A	1,055,009						
0199999 -	Total Authorize	d General Account	- Affiliates			1,055,009	0	0	0	0	0	0
Total Author	otal Authorized General Account - Non-Affiliates											
		01/01/3000										
0200000	Takal Authoria	01/01/3000				4 055 000						
		d General Account Account – Affiliat	tos			1,055,009	U	0	0	U	0	U
TOTAL UNAUTI	norized General	01/01/3000	les			T	1	1				1
		01/01/3000										
Total Unauth	horized General	Account - Non-Affi	iliates							•	•	
		01/01/3000										
0700000	T-4-1 A4b:		J. C1. A4			4 055 000			^			
	counts Authorize	d and Unauthorized	J General Account			1,055,009	U	0	0	0	0	U
Separate Act	COUNTS AUTHOLIZE	01/01/3000				<u> </u>	1			<u> </u>		1
		01/01/3000										
Separate Acc	counts Unauthori	zed - Affiliates				1						
		01/01/3000										
0		01/01/3000										
Separate Acc	counts Unauthori	zed - Non-Affiliat 01/01/3000	tes			ı	I			T	1	I
		01/01/3000										
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1599999	Totala					1.055.009	Λ	0	Λ	0	^	Λ
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# **SCHEDULE S - PART 4**

Reinsurance	Ceded	Tο	Unauthorized	Com	nanies

4	0	2	4		6	7	nauthorized Compan		10	144	40	10	1 44
NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	•	8 Total (Cols. 5+6+7)	9 Letters of Credit	10 Trust Agreements	Funds Deposited by and Withheld from Reinsurers	12 Other	13 Miscellaneous Balances (Credit)	14 Sum of Cols. 9+10+11+12+13 But Not in Excess of Col. 8
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1199999	Total			0	0	0	0	0	0	0	0	0	0

# Schedule S - Part 5

Five-Year Exhibit of Reinsurance Ceded Business (000 Omitted)

		1	Omitted) 2	3	4	5
		2010	2009	2008	2007	2006
Α. (	OPERATIONS ITEMS					
1.	Premiums	0	0	0	0	0
2.	Title XVIII-Medicare	0	0	0	0	0
3.	Title XIX-Medicaid	1,055	1,103	1,139	1,159	1,081
4.	Commissions and reinsurance expense allowance		0	0	0	0
5.	Total hospital and medical expenses		0	0	0	0
В. І	BALANCE SHEET ITEMS					
6.	Premiums receivable		0	0	0	0
7.	Claims payable		0	0	0	0
8.	Reinsurance recoverable on paid losses	493	532	470	387	9
9.	Experience rating refunds due or unpaid		0	0	0	0
10.	Commissions and reinsurance expense allowances unpaid		0	0	0	0
11.	Unauthorized reinsurance offset.			0	0	0
		***************************************				
	WALTHONIES SENGUE MASS (SESSOITS SV. AND					
	UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12.	Funds deposited by and withheld from (F)	0	0	0	0	0
13.	Letters of credit (L)	0	0	0	0	0
14.	Trust agreements (T)	0	0	0	0	0
15.	Other (O)	0	0	0	0	0

# **SCHEDULE S - PART 6**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	41,736,001		41,736,001
2.	Accident and health premiums due and unpaid (Line 15)			0
3.	Amounts recoverable from reinsurers (Line 16.1)	492,982		492,982
4.	Net credit for ceded reinsurance	xxx	492,982	492,982
5.	All other admitted assets (Balance)	. 3,148,752		3,148,752
6.	Total assets (Line 28)	45,377,735	492,982	45,870,717
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	17,988,079	0	17,988,079
8.	Accrued medical incentive pool and bonus payments (Line 2)	1,170,846		1,170,846
9.	Premiums received in advance (Line 8)	150,092		150,092
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19)	0		0
11.	Reinsurance in unauthorized companies (Line 20)	0		0
12.	All other liabilities (Balance)	1,479,839		1,479,839
13.	Total liabilities (Line 24)	20,788,856	0	20,788,856
14.	Total capital and surplus (Line 33)	24,588,879	XXX	24,588,879
15.	Total liabilities, capital and surplus (Line 34)	45,377,735	0	45,377,735
	NET CREDIT FOR CEDED REINSURANCE			
16.	Claims unpaid	0		
17.	Accrued medical incentive pool			
18.	Premiums received in advance	0		
19.	Reinsurance recoverable on paid losses	492,982		
20.	Other ceded reinsurance recoverables	0		
21.	Total ceded reinsurance recoverables	. 492,982		
22.	Premiums receivable	0		
23.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
24.	Unauthorized reinsurance	0		
25.	Other ceded reinsurance payables/offsets	. 0		
26.	Total ceded reinsurance payables/offsets	. 0		
27.	Total net credit for ceded reinsurance	492,982		

# SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

			ted By States and Territon		siness Only		
States, Etc.		1 Life (Group and individual)	2 Annuities (Group and individual)	3 Disability Income (Group and individual)	4 Long-Term Care (Group and individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama							
2. Alaska	AK						
3. Arizona							
4. Arkansas	AR						
5. California							
6. Colorado	co						
7. Connecticut							
8. Delaware							
9. District of Columbia	DC						
10. Florida							
11. Georgia	GA						
12. Hawaii	HI						
13. Idaho	ID						
14. Illinois							
15. Indiana	N		.				
16. lowa	JA						
17. Kansas	KS						
18. Kentucky	KY						
19. Louisiana	LA						
20. Maine	МЕ						
21. Maryland	MD						
22. Massachusetts	1						
23. Michigan							
•	MN						
25. Mississippi							
26. Missouri	MO						
27. Montana	MT						
28. Nebraska	NF						
29. Nevada	1						
30. New Hampshire							
31. New Jersey							
32. New Mexico	1						
33. New York	1						
34. North Carolina	I						
35. North Dakota	ND						
36. Ohio	OH						
37. Oklahoma	F .		-		·		
38. Oregon							
39. Pennsylvania			-				
40. Rhode Island			-		ļ		
41. South Carolina			-		ļ		
42. South Dakota	1		-				
43. Tennessee	TN						
44. Texas	TX				ļ		
45. Utah	1				ļ		
46. Vermont	VT				-		
47. Virginia							
48. Washington							
49. West Virginia	1						
50. Wisconsin					ļ		
51. Wyoming							
52. American Samoa							
53. Guam	I						
54. Puerto Rico	1						
55. U.S. Virgin Islands					ļ		
56. Northern Mariana Islands							
57. Canada	CN						
58. Aggregate Other Alien	TO						
59. Totals	1	0	0	0	0	0	1

### SS.

# **SCHEDULE Y**

# PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

			,	_		_						13
1	2	3	4	5	6	7 Income/	8	9	10	11	12	1
					Purchases. Sales or							Reinsurance
					Exchanges of	Incurred in						Recoverable/
					Loans, Securities,	Connection with		Income/		Any Other Material		(Payable) on
					Real	Guarantees or		(Disbursements)		Activity Not in the		Losses and/or
NAIC					Estate, Mortgage	Undertakings for the	Management	Incurred Under		Ordinary Course of		Reserve
Company	Federal ID		Shareholder	Capital	Loans or Other	Benefit of any	Agreements and	Reinsurance		the Insurer's		Credit
Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
	52-2073000	Coventry Health Care Inc.	319,367,343	(49,432,360)	(1,400,000)		580,065,135	0	ļ	(54,090)	848,546,028	J0
	51-0406894	Coventry Financial Mgmt Services, Inc	0	J0			3,853,951	0			3,853,951	J0
96460		Coventry Health Care of Delaware, Inc.	0	J0			(25, 250, 866)	(2,690,687)			(27,941,554)	3,091,237
	51-0353639	Coventry Health Care of Georgia, Inc	(6,000,000)	ļ0			(40, 180, 302)	(2,570,851)			(48 , 751 , 153)	1,422,639
		Group Dental Services, Inc.	0	<u></u> 0	1,400,000		11,549,008	0			12,949,008	J0
95241	42-1244752	Coventry Health Care of Iowa, Inc.	0	0			(11, 389, 804)	(1,764,101)			(13, 153, 905)	1,053,839
95925	42-1308659	Coventry Health Care of Nebraska, Inc.	0	6,000,000			(11, 103, 639)	(1,898,647)		·	(7,002,286)	1,775,334
95283	51-0353638	Coventry Health Care of Pennsylvania, In	0	ļ0			(27,566)	0	ļ	ļļ.	(27,566)	
95173	74-2381406	Coventry Health Care of Louisiana, Inc.	(4,853,729)	ļQ			(10,374,364)	(52,824)	ļ		(15,280,917)	1,156,902
		HealthAmerica Pennsylvania Inc	(48,000,000)	J			(8,983,584)	(1,658,909)	ļ		(58,642,493)	1,654,742
11102	23-2366731	HealthAssurance Pennsylvania, Inc	J0	J			(137,941,020)	(8,702,200)			(146,643,220)	5,012,481
		Coventry Prescription Mgmt Services, Inc		J0			(104,281,881)				(104,281,881)	
81973	75-1296086	Coventry Health & Life Insurance Company	(140,000,000)	J			(257,740,418)	44,543,997			(353,196,421)	(31,943,335)
	26 - 3525878	Group Health Plan of Delaware, LLC	/44 400 000	0			(00 545 470)	(4.000.444)		ļ	0 (44, 400, 640)	1 000 744
		Southern Health Services, Inc.	(14,492,000)	J	ļ		(28,545,478)	(1,389,141)		·	(44,426,619)	1,268,744
	01-0646056	Coventry Transplant Network, Inc	0	l			(103,510)	0		ļ	(103,510)	l
		MHP, Inc."	U	J			30,170,440	0		·	30, 170, 440	J
96377	43-1372307	Group Health Plan, Inc.	(48,925,764)	J			(45,973,170)	(92,459)	ļ	· <del> </del>	(94,991,393)	666,856
	43-1702094	HealthCare USA of Missouri, LLC	(10, 172, 753)	J			(57,919,700)	(7,548,555)			(75,641,009)	4,583,177
95489		Coventry Health Care of Kansas, Inc	(37, 167, 800)	J			(32,642,637)	(1,634,850)	ļ	·	(71,445,287)	922,457
05400	25 - 1794529 55 - 0712129	Coventry Management Services, İnc	0	J			614,819,914 (16,714,974)	0	ļ	· <del> </del>	614,819,914	977.761
			(6,639,016)	2 000 000				(1,392,957)	ļ	· <del> </del>	(24,746,947)	
		WellPath Select, Inc.	U	2,600,000			(24,606,351)	(2,561,109)	ļ	·	(24,567,461)	1,192,119
		WellPath of South Carolina, Inc	J	1 150 000			(136, 205)	(97,160)	ļ	-	(233, 365)	I
		Coventry Health Care Mgmt Corp	J	1, 150,000			(24, 199, 897)	0			(23,049,897)	l
		First Health Group CorpPersonalCare Insurance of Illinois, Inc		J			(77, 192, 573) (28, 872, 190)	(2,193,848)			(77, 192,573) (31,066,037)	1.440.291
		OmniCare Health Plan, Inc.	(1,616,000)	J			(8,841,814)	(2, 193, 646)			(31,000,037)	492.982
95407	87 - 0345631	Altius Health Plans, Inc.	(5,208,281)	J			(45,500,882)	(1,782,778)	ļ		(52,491,941)	492,962
93407	51-0410308	HealthAssurance Financial Services. Inc.	(3,200,201)	J			9.708.642	(1,702,770) N	ļ		9.708.642	212,300
		HealthCare USA of Tennessee, LLC	 0	J			53	U	ļ	·	9,700,042	I ^
		Preferred Health Systems, Inc.	3,708,000	500.000			18,590,021	0	ļ	†	22,798,021	U
		CHC Casualty Risk Retention Group, Inc	, 100,000	000,000			7.812.051	 N	ļ	†····	22,798,021	l
	26-1582982	MHNet Specialty Services, LLC.	 ^	J			70,008,177	 N	·····	†	7, 012,031	
	20-8070994	CHC National Accounts. Inc.	 n				(13)	 N	ļ	†	(13)	
		CHC National Network. Inc.	ا ۱ ا				388	 0	·····	†		
		CHC Workers' Compensation. Inc.	 n	34 . 182 . 360			(52,965,603)		·····	†	(18,783,243)	
		Florida Health Plan Administrators, LLC.	ا ۱ ا ۱				66,967,497	0 N	ļ	†		i n
	26-1293772	Coventry Consumer Advantage, Inc.	ا ۱ ا	 N			521	n	ļ	†	521	 I n
	38-2242132	First Health Life & Health Ins Co.	n	n			(116.714.653)	(146.498)	ļ	†	(116.861.151)	52.849
		First Health Strategies, Inc.	n l	 N			402	(140,430)	l	1	402	
		Claims Administration Corp.	n l	l			(44,043,325)	0	l		(44,043,325)	 I

# **SCHEDULE Y**

# PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

NAIC Company Code Pull D Code State (Company Code Company Code Pull D)         Names of Insurers and Parent, Subsidiaries or Affiliates         Shareholder Dividends         Capital Contributions         Capital Estate, Mortgage Loans or Other Investments         Management Agreements and Agreements and Agreements and Service Contracts         Management Agreements and Agreements and Agreements and Service Contracts         X Business         Totals         Taken/(Liability)           81000         75-1431313         Cambridge Life Insurance Co.         0         0         0         306,966)         0         54,090         (252,876)         120-4096903         First Script Network Services, Inc.         0         0         0         460         0         0         42,711,531)         0         42,711,531)         0         42,711,531)         0         460         0         460         0         460         0         460         0         460         0         460         0         460         0         460         0         460         0         460         0         460         0         460         0         460         0         460         0         460         0         460         0         460         0         460         0         460         0         460         0         460         0	1	2	3	4	5	6 Purchases, Sales or Exchanges of Loans, Securities,	7 Income/ (Disbursements) Incurred in Connection with	8	9 Income/	10	11 Any Other Material	12	13  Reinsurance Recoverable/ (Payable) on
20-469803   First Script Network Services. Inc. 0 0 0 42-711-537]	Company Code	Number				Real Estate, Mortgage Loans or Other	Guarantees or Undertakings for the Benefit of any	Agreements and Service Contracts	(Disbursements) Incurred Under Reinsurance	*	Activity Not in the Ordinary Course of the Insurer's Business		Losses and/or Reserve
06-1095697   Metraforp: Inc.	81000	20-4096903	First Script Network Services Inc	0	0 L0				0		54,090 I		0
174-287988   Gedical Examinations of MF, P.C.		06-1095987	MetraComp. Inc.	0	0			460	0			460	0
22-25/10000 Coventry Ind. Medical Exam of TR, PA 0 0 0 (487,708) 0 (487,708) 0 (487,708) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514, 6510) 0 (5514		74-2879984	Medical Examinations of NY, P.C	0	0				0				0
## 65-098844   Covertry Health Care of Florida, Inc.		62-1266888	FOCUS Healthcare Management, Inc.	0	0			1,723,853	0				0
## 65-098844   Covertry Health Care of Florida, Inc.		26 - 25 16 00 0	Coventry Ind. Medical Exam of TX, PA	0	<u></u> 0			(457, 708)		ļ			٥
65-945348   Coventry   Seal In   Plan of Florida, Inc.   0   0   0   35, 656,009   72, 37   (36, 886,609)   9.23, 85	95114	65-0986441	Coventry Health Care of Florida. Inc.	0	0			(76,480,753)	(4,203,024)	ļ		(80,683,777)	3,329,829
59-3750548   Carefree Insurance Services, Inc.   0   0   0   0   141.614   0   0   141.614   17509   27-2516377   MiNot Life and Health Insurance Company   0   0   0   141.614   0   141.614   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   17509   1750	95266	65-0453436	Coventry Health Plan of Florida. Inc.	0	J0			(36,958,069)		ļ		(36,885,699)	923 , 853
37-1446790   World Health Network of New York, IPA   0   0   (41 614)   0   (41 614)   0	10771	20 - 1976986	Coventry Summit Healthplan, Inc.		ļ0			(12, 161, 998)	(1,181,163)	ļ	ļ		652,878
12509   20-2516317   MHWet Life and Health Insurance Company   0   0   (50 193)   0   (50 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)   0   (20 193)		59 <b>-</b> 3750548	Carefree Insurance Services, Inc	J	J0					ļ	ļ	0	
72-1106596   Montal Heat In Associates, Inc.   0   0   2,211,881   0   2,211,881   0   2,211,881   0   2,211,881   0   2,211,881   0   2,211,881   0   2,211,881   0   2,211,881   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4466,519   0   4		37 - 1448790	Mental Health Network of New York, IPA	0	ļ0			(41,614)				(41,614)	0
20-4276358   MHNet of Florida, Inc.*   0   0   (426,519)   0   (426,519)   0   (426,519)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0   (436,549)   0	12509	20-2516317	MHNet Life and Health Insurance Company	0	J			[50, 193]				(50,193)	Ω
48-0889340		/2-1106596	Mental Heatlh Associates, Inc.	0	J0			2,211,881		ļ			0
48-0889340		20-42/6336	MHNet of Florida, Inc."	0	J0			(426,519)					0
48-1014670	95846	52-2056201	Group Dental Services of Maryland, Inc.	0	ļū			(4,635,845)		ļ		(4,635,845)	0
11529		48 - 0989340	Preferred Health Care, Inc	0	ļ			[(238,375)		ļ		(238,375)	0
11529		48-10146/0	Kansas Health Plan, Inc	ļ0	ļ0			493,209		ļ		493,209	0
95.309 43-1693520 Mercy health Plans of Missouri, Inc. 0 0 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703.101 0 1.703	44500		Preferred Benefits Administrator, Inc.	J	[U			(2,447,725)				(2,447,725)	0
43-1693814_ Premier Benefits, Inc.	11529	48 - 1202342	Imercy Health Plans	JU	5,000,000			(19,267,621)				(14,267,621)	U
76-0803125 ForeSee Heath, Inc. 0 0 0 (6,599,371) 0 (6,599,371)	95309	43 - 1093520	Dromior Donofito Inc.	JU	J			1,703,101					U
		43 - 10930 14		J	J								U
		70-0603125		0	U			(0,099,371)	0			(0,399,371)	
						<u> </u>							
						<del> </del>				ļ	<del> </del>		
					-		-		_	.,,		_	-

#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

interro	gatory questions.	
	MARCH FILING	Responses
1.		YES
2.		YES
3.	·	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?  APRIL FILING	YES
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.		YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?  AUGUST FILING	YES
10.		YES
which t	llowing supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the special report must be filed, your response of <b>NO</b> to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar cod oplement is required of your company but is not being filed for whatever reason enter <b>SEE EXPLANATION</b> and provide an explanation following ons.	e will be printed below. If
	MARCH FILING	
11.	•	N0
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	N0
13.		N0
14.	Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	N0
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	N0
16.	•	N0
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?  APRIL FILING	NO
18.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	N0
19.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	N0
20.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	N0
21.		N0
22.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the sate of domicile and the NAIC by April 1?	NO
	AUGUST FILING	
23.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO
Explan	nation:	
11. No	business written.	
12. No	business written.	
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		

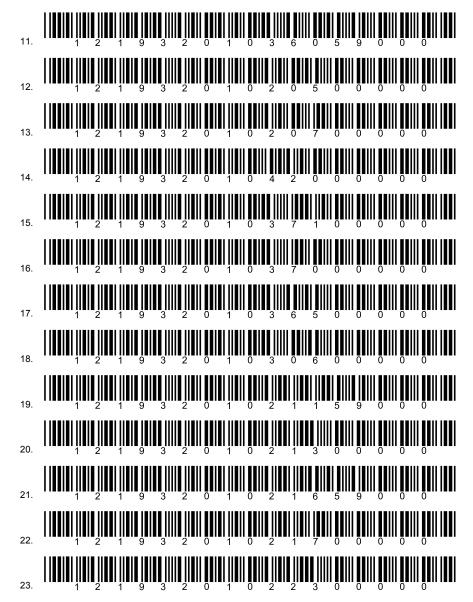
 $23. \ {\tt OmniCare} \ is \ {\tt not} \ subject \ to \ the \ {\tt Model} \ {\tt Audit} \ {\tt Rule} \ due \ the \ the \ fact \ that \ 2009 \ premiums \ are \ less \ \$500 \ million.$ 

OmniCare used 2009 premiums to determine

#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

internal control testing in 2010.

#### Bar code:



# **OVERFLOW PAGE FOR WRITE-INS**

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